



## New Jersey Department of Children and Families Policy Manual

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### Indicators of Risk and Child Abuse and Neglect

#### Framework

**4-1-2013**

N.J.S.A. 9:6-8.21c provides a legal definition of an abused or neglected child which is used by CP&P to make its investigation finding determination.

Generally speaking, child abuse and neglect mean the non-accidental physical, mental or emotional injury, sexual abuse, negligent treatment of a child by a person responsible for a child's welfare (parent or caregiver). Placing a child at substantial risk of physical or emotional harm also constitutes child abuse. (Risk of sexual abuse may be neglectful or indicative of emotional or mental injury, but is not sexual abuse). Abuse and neglect can result from acts of omission or commission (or both) on the part of the parent or caregiver. Sometimes a single incident will be sufficient to indicate that a child is abused or neglected. Other situations may exist where the child abuse or neglect is the cumulative result of a pattern of behavior or conditions that together constitute child abuse or neglect. Neglect, physical abuse and sexual abuse of a child are emotionally damaging to the child. Even when physical injury is not serious, the emotional damage may be great.

The purpose of the indicators in this section is to assist CP&P staff in recognizing physical, environmental, behavioral or other conditions which may be indicative of risk, injury, harm, or imminent impairment of a child.

This section also:

- lists bodily indicators of physical abuse, sexual abuse, and/or severe neglect, along with notes and comments about the indicators;
- sets forth those conditions that require a finding of Substantiated or Established child abuse/neglect; and

- sets forth conditions requiring consultation from or with a CP&P medical consultant.

The presence of any risk indicators must be assessed in the full context of the parent's/caregiver's involvement, and how and why the actions occurred. See [CP&P-II-C-5-1100](#) for a full discussion of assessment of risk.

### **Red Flag Cases for Supervisory Conferencing**

**2-27-97**

All serious injuries or medical conditions of questionable, unclear, or unknown origin as well as serious injuries and conditions suspected of having been caused by abuse or neglect must be conferenced with the appropriate supervisor.

When the following conditions are alleged at the time of screening, the screener conferences with the appropriate supervisor. The following injuries and conditions are red flags for potentially high risk and are always conferenced:

- spiral fractures of the limbs in any child age 6 or younger;
- retinal or intracranial hemorrhaging or skull fractures in any child age 6 or younger;
- broken ribs, especially when coupled with other injuries, in any child age 6 or younger;
- splash/scalding burns, other burns of suspicious or unexplained origin in children age 6 or younger (sometimes burns look like rashes and vice versa -- when there is doubt, the case must be referred for consultation);
- all diagnosed or suspected cases of failure to thrive.

### **Medical Consultation**

**2-27-97**

Field staff may seek consultation from a CP&P medical consultant any time there are questions about a child's medical condition. See [CP&P-V-A-1-200](#) for when medical consultation is required.

### **Physical Abuse**

**2-27-97**

When a child is physically injured or at risk of physical injury due to a parent's/caregiver's action or inaction that was neither necessary nor justified, neither reasonable nor appropriate, the child is an abused child. See [CP&P-II-C-5-1100](#).

The location of the injury is important since some parts of the body are more vulnerable, some are more vital. For example, a minor injury located close to the eye or any injury to the head would create risk of protracted harm.

## **Physical Injuries as Indicators of Abuse**

**2-27-97**

Although the presence of the indicators below does not always prove that maltreatment occurred, the indicators strongly suggest maltreatment and should trigger in-depth investigation and should lead to prompt expert medical examination. When the following physical injuries are due to a parent's or caregiver's actions, they are indicative of abuse.

- Black eyes are not very common childhood injuries, although they do sometimes occur accidentally. Black eyes are very suspicious when:
  - both eyes are blackened -- most accidents cause only one black eye;
  - one or both eyes are black but there is no bruise to the forehead, cheeks, or nose, and there is no suspicion of a skull fracture;
  - conversely, black eyes without bruising may suggest that there is a skull fracture -- the blackened eyes result from seepage from a skull injury above the eyes. Skull fractures often are not obvious from external examination.
- Bruises are especially suspicious when:
  - they appear in or around the mouth, especially in infants or small babies;
  - they appear as finger marks -- grasp marks -- on the arms or chest of a small child;
  - the bruises are symmetrical, especially symmetrical bruising of or around the ears;
  - the bruises are roughly in the shape of the human hand or of an instrument -- for example, belt marks;
  - the bruises are linear -- they are in the shape of sticks or lines, especially when they are present on the back or the buttocks or back of legs;

- when there are multiple bruises in the same area of the body that aren't of the same age -- some look fresh, and others look faded. Multiple bruises of this sort are particularly suspicious when they appear on the back and buttocks or back of legs. The more bruises there are, the stronger is the probability that they are not accidental.

In general, most falls or accidents produce one bruise on a single surface of the body, usually on a bony protuberance such as a knee, a shin, an elbow. Accidental bruises are usually on the front of the body, because in a fall, most children fall forward. If a child has fallen, there are often marks on the child's hands from trying to break the fall.

Accidental bruises may occur, but are not common when they appear:

- on the back;
  - on the back of the legs;
  - on the buttocks;
  - in and around the mouth;
  - on the cheeks;
  - behind the ears;
  - on the stomach and/or chest;
  - under the arms;
  - in the genital and rectal areas, except, perhaps, when a child is learning to ride a bike.
- Bites frequently leave clear impressions of the teeth even when the skin has not been broken. Human bites are crescent-shaped, more or less like a quarter moon, whereas animal bites typically make a narrow "U" or "V" mark. If the mark is crescent-shaped and two or more inches across, it was almost certainly made by an adult or an older child with permanent teeth.
  - Burns and scalds -- it is sometimes difficult, even for medical experts, to distinguish between accidental and deliberately-inflicted burns and scalds. Burns and scalds also occasionally mimic friction-burns and other skin conditions. When there is any doubt about how a burn or a scald occurred, the worker should have the

child examined by a medical professional. In general, the following points should be considered in the investigation of burn/scald cases:

- burns with clearly defined outlines are suspicious, as are burns of uniform depth that cover a large area of the body;
  - splash-burns surrounding a main burn area are often a sign that the burns were caused by a hot liquid being thrown at the child;
  - most responsible adults do not allow young children to enter a bath or shower by themselves;
  - most responsible adults test the temperature of bath water before placing the child in it or allowing a child to enter the tub;
  - a child is unlikely to sit down voluntarily in a tub that feels too hot to him or her;
  - a child cannot scald the upper part of his or her body in a tub without also scalding his or her feet;
  - a child who climbs into a scalding tub by himself or herself will struggle to get out again. This struggle almost always produces splash burns above the main burn area in the feet and lower legs;
  - small, round, clear-edged burns are often cigarette burns.
- Scars -- signs to look out for include:
    - multiple scars, especially when the scars appear to be of different ages, and especially when there are multiple current and old bruises in addition to the scars -- most children have a few scars, but it is unusual for children, especially young children to have many scars;
    - scars of unusual shapes -- e.g., round scars in the shape of cigarette burns or scars in the shape of other implements;
    - scars that are imperfectly healed, or scars that are large and ragged, suggesting that the child did not receive medical treatment at the time he or she was wounded or burned.
  - Fractures -- although CP&P Workers may not diagnose fractures, signs indicating that fractures may be present require the worker to

seek immediate medical attention for the child. There are also some basic facts to know about fractures:

- a fracture should be suspected -- and medical attention for the child sought -- if there is pain, swelling or discoloration over a bone or a joint;
- it is rare for young children to sustain fractures. It is very rare for a child under the age of 1 year to sustain a fracture accidentally, and the younger a child is, the more likely that the fracture did not occur accidentally;
- fractures produce pain and discomfort in children. Contrary to what parents may tell workers, it is not very likely that a child sustained a fracture without the child showing some indication that he or she was hurt;
- the most common non-accidental fractures are of the long bones -- arms, legs, and ribs.
- when fractures are present or are suspected, the Supervisor must always consult with a CP&P pediatric consultant.

### **Excessive Corporal Punishment**

**1-27-2003**

Corporal punishment is any punishment inflicted on the body. New Jersey law does not prohibit the corporal punishment of children by their parents. N.J.S.A. 9:6-8.21c does however include "excessive corporal punishment" as a kind of child abuse. (State regulations do prohibit the corporal punishment of children by certain caregivers, e.g., foster parents and caregivers in institutional settings.

Any form of corporal punishment causes risk to children, either the risk of physical injury or risk of emotional injury.

Excessive corporal punishment is a form of child abuse. Abuse by excessive corporal punishment occurs when a caregiver utilizes an inappropriate method of punishment. In order to evaluate whether the punishment is inappropriate (and therefore excessive) the following elements must be measured/assessed: age, size and condition of the child; degree of force used, repetition of the action, location on the body; use of an instrument, and duration of the punishment.

As a result of corporal punishment inflicted by a parent/caregiver, a child may show signs of pain or physical injury or may not. The absence of injury does not mean there is no abuse, conversely the presence of an

injury does not determine abuse the actions of the caregiver are the determining factor. Given that caveat, when as a result of corporal punishment inflicted by a parent/caregiver, a child shows signs of serious physical injury or is at risk of serious physical injury it means that the force and or method used was excessive and therefore constitutes abuse.

### **Physical Isolation/Exclusion**

**2-27-97**

Physical isolation/exclusion is setting of a child apart from others.

Physical isolation/exclusion is abuse or neglect when:

- a child is locked in and alone without an adult responsible for his supervision in any place from which he or she cannot leave; or
- a child is refused entry to his or her own residence, when that child is not considered to pose an immediate danger to himself or others.

In an institution, physical isolation/exclusion is abuse when a child is willfully excluded from ordinary social contact under circumstances which indicate social or emotional deprivation, e.g., a child is denied bathroom or eating privileges or denied contact with others for an unreasonable period of time.

### **Sexual Abuse**

**8-29-2011**

Contacts or interactions are considered to be sexual abuse when they occur between a child and a parent/caregiver, as defined in N.J.S.A. 9:6-8.21a, for the purpose of sexual stimulation of either that person or another person. The term additionally encompasses activities which are defined as sexual exploitation, i.e., utilizing children to perform or engage in sexual activity for the purpose of realizing a profit or gaining favor or power. A definition of "sexual abuse," found in N.J.S.A. 9:6-8.84, includes acts depicted in criminal law. (N.J.S.A. 2C:14-1 and 2C:24-4)

Sexual contact between a child and an adult who is in a caretaking capacity is never appropriate or justified.

Sexual abuse of a child includes but is not limited to the following actions or inactions.

When a child's parent or caregiver:

- rapes the child or allows the child to be raped;
- inflicts injury or allows injury to be inflicted to the child's genitals, anus,

- breasts, mouth through acts of coital and non-coital intercourse, manipulation, insertion of or assault with foreign objects, etc.;
- engages the child in sexual intercourse, anal intercourse, fellatio, cunnilingus;
- manipulates the child's genitals, buttocks, breasts;
- exposes his/her genitals to the child or allows the child to view another person's genitals for the purpose of exhibitionism;
- forces, encourages, or, willfully and/or knowingly allows the child to engage in sexual activity with animals;
- forces, encourages, or willfully and/or knowingly allows the child to engage in sexual activity with related or unrelated adults;
- forces, or encourages the child to engage in sexual activity with other related or unrelated children;
- allows, permits, or encourages the child to engage in acts in which he is sexually exploited, e.g., prostitution, participation in activities which are sexually explicit (or any simulation of such conduct) and which will be filmed, photographed, or otherwise depicted;
- willfully and/or knowingly allows the child to engage in sexual activity which is not an appropriate act of the child or the adolescent's current situation, such that the child's school, peer or family adjustment indicates that the activity is deleterious to the child's healthy emotional growth and development.

See [CP&P-II-B-1-550](#), Child on Child Sexual Abuse and [CP&P-II-B-1-600](#), Child on Child Sexual Activity.

## **Sexual Abuse Indicators**

**1-27-2003**

Symptoms and signs of sexual abuse are not equal in their diagnostic value. Depending on the circumstances, the presence of one of the weaker indicators by itself may not be a conclusive sign that sexual abuse has occurred -- e.g., a child who seems sexually precocious for his or her age but who does not demonstrate any other sign. On the other hand, some signs prove all by themselves that sexual violence or molestation has occurred -- e.g. vaginal or rectal tearing in a child of virtually any age or genital gonorrhea or syphilis in a young child. It is important to



remember that both male and female children may become victims of child sexual abuse.

Sexual abuse indicators include the following list of symptoms and signs:

- lacerations, tearing, bleeding of the vagina or rectum or around the vagina or rectum are highly indicative that child sexual abuse has occurred;
- bruising of the genitals or of the vaginal and/or rectal area is also a strong indicator;
- swelling, reddening of the genitals; apparent enlargement of the rectal or vaginal opening -- although these symptoms often indicate sexual abuse, they may also result from infections/irritations that result from poor hygiene;
- infections in the genital area or any abnormal discharge from or around the genitals;
- excessive sexual awareness or preoccupation with sexual matters and/or overt sexual behavior that is inconsistent with the child's age -- the more persistent and obsessive the sexual behavior is, the stronger is the likelihood that the child has been a victim of sexual abuse. At the same time, it is important to remember that a certain amount of sexual interest and play, including masturbation, is normal even in relatively young children.

Some other signs that sexual abuse is possibly occurring include the following indirect indicators:

- sudden changes in behavior or school performance, school avoidance;
- displays of affection in a sexual way inappropriate to the child's age;
- a tendency to cling or to need constant reassurance;
- a tendency to cry easily;
- regression to younger behaviors such as thumb-sucking, reverting to toys the child has outgrown, etc.;
- complaints of genital itching or pain;

- distrust of a familiar adult or fear of being left with a particular caregiver;
- depression and withdrawal;
- inappropriate secrecy;
- bed-wetting, day or night;
- sleep disturbances or nightmares;
- chronic illnesses, especially throat infections and recurring infections of the genital area;
- anorexia or bulimia;
- phobias or panic attacks;
- fear of undressing for gym, etc.
- fire setting.

When these indicators occur in clusters: when the child shows several of these signs, the likelihood that sexual abuse -- or some other significant family problem -- is occurring increases.

### **Physical and Medical Indicators of Neglect**

**2-27-97**

A child is considered neglected when a parent or parent substitute fails to provide for his basic needs such as food, clothing, shelter, supervision, medical care, education and emotional well-being although having, or being provided with, the means to do so.

### **The Results of Neglect**

**1-27-2003**

If a parent or caregiver neglects of a child, physical injury may result. For example, a child may hurt himself or be hurt by someone while the parent is not supervising the child. If a parent neglects a child, the child may develop preventable medical conditions or existing medical conditions may become severe. If a parent neglects a child, the child may suffer emotionally as the result of the parent's inactions.

The results of neglect may be physical injuries such as those listed in [CP&P-II-C-5-700](#) (but not limited to these injuries) and such symptoms as: malnutrition, dehydration, exposure, deformity, chronic medical problems,

infected skin lesions, untreated dental caries, severe diaper rash, irregular school attendance, social retardation.

## **Failure to Thrive**

**1-27-2003**

While failure to thrive is not always the result of neglect, it is one of the most dangerous conditions resulting from neglect.

Signs that a child may be failing to thrive always require a full medical examination and diagnosis which includes a comparison to height and weight centile charts by a doctor or nurse practitioner. The diagnosis also takes into account the child's whole pre- and post-natal health history. Some important indicators of failure to thrive are when the child:

- has frequent or persistent diarrhea;
- has feeding difficulties;
- has a voracious appetite;
- has a poor appetite;
- refuses food;
- tends to be lethargic and unresponsive overall;
- tends to stay frozen or "locked" in one position for an unnaturally long period of time;
- appears unnaturally small and/or thin for his or her age;
- appears to be lagging developmentally in terms of what most other children do at the same age.

One of the best diagnostic indicators of failure to thrive does not become observable until the child is placed away from his or her home. Many children who fail to thrive in their own homes begin to react and develop normally very quickly after they are placed with a warm and competent substitute caregiver.

## **Environmental Conditions in the Residence Which May Be Related to Physical Neglect 2-27-97**

Harm or risk of harm due to physical neglect may be caused by, but not limited to, any of the following environmental conditions:

- exposed heaters,
- gas fumes,
- faulty electrical wiring,
- no utilities, e.g., heat, water, electricity,
- no working toilet facility,
- broken windows,
- broken stairs,
- vermin,
- cracked or peeling paint,
- inedible food, e.g., spoiled, moldy, stale,
- human or animal excrement,
- urine/feces covered sheets and mattresses,
- overcrowded housing,
- lack of bedding, including sheets, blankets,
- unguarded drugs or chemicals,
- no safety provisions for firearms and other weapons,
- clothing inappropriate for season, age, sex; clothing that is ill-fitting, dirty, torn;
- no balanced meals, i.e., some combination daily of a protein source (e.g., meat, fish, poultry, beans and rice) and vegetables, bread, fruit, and cereal, milk/dairy,
- food not available insufficient quantity or not prepared for children unable to do it themselves.

### **Lack of Adequate Supervision**

**2-27-97**

Supervision is not adequate in the following circumstances:

- a child left without adult supervision when the child's age, mental or physical conditions do not permit him to provide for his own food, to exercise good judgment, to prevent or deal with emotional or physical crisis or to control his behavior,
- a child left with adult supervision but the adult is not available or is incapable of responding to the child's need for food, need to be protected from emotional or physical crisis or his need to have his behavior controlled.

### **Conditions That May Be Related to Medical Neglect      5-26-2009**

A child may be considered medically neglected when a parent or caregiver fails to provide for the child's basic medical needs. For example:

- The child does not receive required/necessary immunizations, dental care, medical follow-up or medication for conditions which can pose serious harm to the child; or
- The child is removed from a hospital against medical advice, and, by doing so, the child is at risk of serious harm or actually becomes seriously physically ill.

If a parent does not seek medical treatment for his child because of religious belief, N.J.S.A. 9:6-8.21c and N.J.A.C. 10:129-2.1(c) stipulate that the child may not be found to have been abused or neglected based solely upon the refusal to have the child treated. However, this does not preclude CP&P from taking necessary action to protect the child.

### **Institutional Medical Neglect      12-19-2005**

A Child Protective Investigator investigates each report alleging the withholding of medically indicated treatment from a child who is in a health care facility, including a child who is identified as a disabled infant with a life threatening condition as per "The Child Abuse Prevention, Adoption, and Family Services Act of 1988" P.L. 100-294, 42 U.S.C. 510 et. seq.

In accordance with N.J.S.A. 9:6-8.84, a disabled child with life-threatening conditions can be considered medically neglected when denied medically indicated treatment which, in the treating physician's reasonable judgment, will most likely be effective in ameliorating or correcting such conditions. Medically indicated treatment includes appropriate nutrition, hydration, and medication.

Medical neglect does not include the failure to provide treatment (other than appropriate nutrition, hydration, or medication) when, in the reasonable medical judgment of the child's treating physician:

- the child is chronically and irreversibly comatose; or
- the provision of such treatment would merely prolong dying, not be effective in ameliorating or correcting all of the child's life-threatening conditions, or otherwise be futile in terms of the survival of the child; or
- the provision of such treatment would be virtually futile in terms of the survival of the child and the treatment itself under such circumstances would be inhumane.

See [CP&P-V-A-1-250](#) and [CP&P-V-A-6-100](#) for policy regarding and discussion about Do Not Resuscitate (DNR) Orders.

See [CP&P-II-E-1-2600](#), Medical Neglect of Disabled Infants, for the handling of this, specific allegation within the Division's Allegation-Based System.

The report of a health care provider/facility withholding medically indicated treatment is investigated by the DCF Institutional Abuse Investigation Unit. The report is handled as a critical incident. The assigned IAIU Investigator or Supervisor consults the Department's Pediatric Consultant.

### **Conditions That May Be Related to Emotional Abuse or Emotional Neglect 1-27-2003**

Emotional abuse and/or neglect is conduct by a child's parent or caregiver toward the child which contributes to, causes, allows, or permits:

- significant and/or persistent emotional pain, harm, or impairment; and/or
- significant vulnerability to or risk of such pain, harm, or impairment; and/or
- significant exacerbation of a child's existing emotional pain, or impairment.

### **Effect on Child**

**1-27-2003**

When a parent/caregiver subjects a child to a negative emotional environment, the child may feel consistently unloved, unwanted, insecure, unworthy or may otherwise lack the positive family relationships which are deemed essential for his physical, intellectual, and emotional well-being and development.

Many, but not all, children who are diagnosed as emotionally disturbed may have also been emotionally abused; some children are emotionally disturbed primarily as a result of emotional abuse. Please note however that characteristics which may be indicative of emotional abuse may also be exhibited by a child who is emotionally disturbed due to factors not attributable to the conduct of a parent/caregiver and are therefore not the result of abuse or neglect.

To substantiate emotional abuse or neglect, the Worker must be able to demonstrate a causal relationship between the conduct of the parent and an effect on the child. The effect on the child must be observable, long-lasting and constitute a handicapping condition in a child's ability to think, learn or socialize.

Some characteristics which may indicate emotional abuse or neglect, or emotional disturbance include, but are not limited to:

- phobias, obsessions, compulsions, hypochondria,
- excessive or age-inappropriate fears,
- inability to form trusting relationships,
- significant sadness, self-denial, depression, low self-esteem, anger, withdrawal,
- impaired memory, mental confusion, difficulty in concentrating,
- functional or social retardation,
- feeding and/or sleeping problems, enuresis, encopresis,
- stuttering,
- poor school performance,
- running away,
- suicide threats or gestures,
- overly adaptive or age-inappropriate behavior,
- antisocial behavior, defiance, hyper-aggressiveness,
- behavior extremes, regression,

- intellectual or emotional developmental lags,
- psychosis,
- sociopathic or psychopathic behavior.

### **Conduct Which May Cause Emotional Harm**

**1-27-2003**

Conduct which may cause emotional abuse or neglect includes acts, omissions, or patterns of acts or omissions by a parent or caregiver which can be immediately harmful or cumulatively harmful. That is, the parent's/caregiver's behavior is such that it creates or is likely to lead to emotional impairment in the present or in the foreseeable future.

Examples of conduct which may constitute emotional abuse include, but are not limited to:

- rejecting,
- terrorizing,
- berating,
- ignoring,
- isolating,
- belittling,
- corrupting,
- ridiculing,
- disciplining for the misbehavior of another child,
- scapegoating, and
- depriving of meals or sleep.

### **Abandonment**

**6-21-2010**

Abandonment is any conduct on the part of the parent or person acting in loco parentis which evidences that a parent has forsaken parental responsibilities and rights. An infant or young child who has been abandoned may be considered a foundling if neither the child nor the



child's parent can be identified. A child is to be considered abandoned when:

- he is unidentified, is found to be unattended, the child is unable to identify himself, there is no evidence by which to identify the child's family and there is evidence that the parent will not assume further responsibility for the child, e.g., infant in basket left with a note requesting that someone find a home for the child;
- an unidentified child is found in a place or in such physical condition as to indicate that the child was left for dead;
- based on the evidence gathered, the parent has left the child with no adult supervision and made no provision for the child's basic needs, i.e., food, clothing, shelter, and the child himself cannot say or does not know where the parent is or approximately when the parent intends to return; or
- based on the evidence gathered, the parent has left the child in the full time care of an adult, but has failed to arrange for the child's financial support, has failed to provide the child with emotional support, including direct contacts with the child and direct contacts with the caregiver.

"Foundling" means an infant or young child found abandoned, who cannot be identified and whose family cannot be identified.

See [CP&P-IV-C-5-100](#) for a discussion of Safe Haven Infants -- an infant, no more than 30 days old, whose parent(s), or a person acting on behalf of a parent, left the child at a police station or hospital emergency department, with no intent to return for the child. Pursuant to the New Jersey Safe Haven Infant Protection Act, PL 2000, c. 58, the parent can remain anonymous, and may have an affirmative defense to prosecution for abandonment.